

Data entry completed _____
 Data entry by _____

Asset Number _____ (To be provided by U of M Planner)

Above section for UMN-TC use only

All fields below this line to be completed by knowledgeable equipment supplier, contractor, architect, engineer or FM Maintenance staff and returned to the designated University of MN Project Manager or FM Planner

Type: _____ Combo (Eyewash & Shower) _____ Shower _____ Eyewash

Architecture Eqpt No: _____ (from construction drawings)

Manufacturer: Mfr Name _____

Model No. _____ Serial No. _____

Location: Building _____

Floor _____ Room # _____

Equipment Serves (Identify building area(s) i.e. floors or rooms, and interlocked equipment)

Warranty Information:

Vendor _____

Warranty Start Date _____ Warranty Expiration Date _____

Vendor Contact:

Name _____ Phone _____

EQUIPMENT SPECIFICATIONS

LINE	SPEC_TYPE	DATA
1	EYEWASH, SHOWER OR COMBO	_____
2	SHUT OFF VALVE: YES OR NO	_____
3	DRAIN: YES OR NO	_____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____